



FEMINIST MAJORITY

Working for Women's Equality

Eleanor Smeal
President

Peg Yorkin
Chair of the Board

Katherine Spillar
Executive Vice President

■ Washington D.C. Office
1600 Wilson Boulevard
Suite 801
Arlington, VA 22209
703 522 2214
703 522 2219 fx

□ West Coast Office
433 South Beverly Drive
Beverly Hills, CA 90212
310 556 2500
310 556 2519 fx

Web Site:
<http://www.feminist.org>

E-mail:
femmaj@feminist.org

RECEIVED

2010 OCT 26 AM 10:13

FEC MAIL CENTER

MEMORANDUM

TO: Federal Election Commission
FROM: Diane Cutri
DATE: October 25, 2010
RE: FEC Form 5, 24 Hour Report, C90010646

Attached please find completed FEC Form 5, 24 hour report for the Feminist Majority.

The FEC online web form was used to complete the information but once again, when I was finished and hit the CHECK button at the end, it brought me back to the online webforms page and wiped out all the information. I hit the print button before I ran the check and am attaching that form for filing.

When I talked on the phone with a representative from the FEC last week I was told that this should not be happening and the suggestion was that I sign up for FECFile filing software. This has not accomplished because our Feminist Majority PAC Treasurer was out of the country and our Feminist Majority Treasurer is out of state (form indicates that a treasurer needs to sign the password request).

RECEIVED

2010 OCT 26 AM 10:13

FEC MAIL CENTER

Webform last accessed on Mon Oct 25 18:04:36 EDT 2010

Your webform session will time-out in: 60 minutes from last webform access time.

Click [here](#) to extend your webform session for 1 Hour.

NOTE : Do not use browser Back and Forward buttons to navigate Online Webforms. Use the buttons provided within the webform.

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

Errors:Please enter a 4-digit numeric value for election year.**1. (a) Name of Individual, Organization or Corporation ***

Entity Type of Filer

-Select-

*

Name of Filer

Organization Name FEMINIST MAJORITY

-or-

Last Name

First Name

Middle Name

Prefix

Suffix

(b) Address (number and street)* ☐ check if different than previously reported

1600 WILSON BLVD SUITE 801

(c) City

ARLINGTON

State*

Virginia

Zip Code

22209

2. Corporate filers onlyIs the filer a qualified nonprofit corporation? ☒ Yes ☐ No**Individual filers only**

Name of Employer

Occupation

3. FEC Identification Number C 90010646**4. TYPE OF REPORT (Check appropriate report type)****Report Type:***

24-Hour Report

Is this report an amendment?* ☐ Yes ☒ No

If report is an amendment, please provide the Report ID of the original report and Amendment Number of this amendment in the boxes given below. Click the "Report ID Lookup" link below to find the Report ID for original report.*

[Report ID Lookup](#)

Original Report ID FEC-

Amendment Number

(e.g. 1, 2, 3...etc.)

5. Covering Period 10/16/2010

(mm/dd/yyyy)

through

10/22/2010

(mm/dd/yyyy)

6. TOTAL CONTRIBUTIONS

\$ 1525.00

10030474648

7. TOTAL INDEPENDENT EXPENDITURES

\$ 7157.86

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Add Schedule 5-A

Contribution #1.

Delete Record

Entity Type of Contributor

Individual (a person)

Full Name of Donor***Date of Contribution***Organization
Name

10/22/2010 (mm/dd/yyyy)

-or-

Amount*

Last Name VARIOUS

First Name DONORS

\$ 1,525.00

Middle
Name

Prefix

Suffix

**FEC ID number of contributing federal
political committee**

C

Mailing Address of Contributor**Name of Employer**

40 INDIVIDUAL DONORS

CONTRIBUTIONS \$200 AND UNDER

Occupation

City

State

Zip

-Select-

TOTAL This Period

\$ 1525.00

(last page carry total to Line 6)

[Back to TOP](#)**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

Add Schedule 5-E

Independent Expenditure #1.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee ***Date of Independent Expenditure***

Organization Name AGF MEDIA SERVICES

10/22/2010 (mm/dd/yyyy)

-or-

Amount *

Last Name

First Name

\$ 235.96

Middle
Name

Prefix

Suffix

Mailing Address of Payee

14932 DELANO STREET

City

State

Zip

VAN NUYS

California

91411

Payee Committee FEC ID**Purpose of Disbursement (Including title(s) of communication(s)) ***

EQUIPMENT RENTAL

Category / Type

Campaign Event Expenses

Office Sought☐ House☒ Senate**Calendar Year-To-Date Per Election for Office Sought**

10030474649

235.96

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

Election Year

General

2010

Independent Expenditure #2.

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name

-or-

Last Name TWETEN

First Name ALEXANDRA

Middle
Name

Prefix

Suffix

Mailing Address of Payee

2231 N. NIAGRA STREET

City

BURBANK

State

California

Zip

91504

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

805.00

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

Election Year

General

2010

Independent Expenditure #3.

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name

-or-

Last Name LEONOR

First Name ANA

☐ President

Check one

☒ Support ☐ Oppose

District

State California

Delete Record

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 480.00

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Delete Record

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

10030474650

Middle Name *Prefix* *Suffix*

\$ 105.00

Mailing Address of Payee
6507 TRIGO ROAD

City State Zip
GOLETA California 93117

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
105.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name *Prefix* *Suffix*

Disbursement/Obligation For Election Year
General 2010

Office Sought

- ☐ House
☒ Senate
☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #4.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name
-or-
Last Name CHANG First Name ANGELA
Middle Name *Prefix* *Suffix*

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 25.00

Mailing Address of Payee
2610 HILLEGASS AVENUE

City State Zip
BERKELEY California 94704

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
25.00

Candidate ID

Office Sought

- ☐ House
☒ Senate
☐ President

Check one

10030474651

☒ Support ☐ Oppose

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

District

State California

Independent Expenditure #5.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name

-or-

Last Name DREHER

First Name DANA

Middle
Name ANN

Prefix

Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 1,200.00

Mailing Address of Payee

3953 A FILLMORE STREET

City

ST. LOUIS

State

Missouri

Zip

63116

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

1,545.00

Candidate ID

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Independent Expenditure #6.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name

-or-

Last Name WICK

First Name EMILY

Middle
Name ELIZABETH

Prefix

Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 235.00

Mailing Address of Payee
9346 LAKEWOOD DRIVE

City WINDSOR **State** California **Zip** 95492

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
235.00

Candidate ID

Name of Federal Candidate

Last Name BOXER **First Name** BARBARA

Middle Name **Prefix** **Suffix**

Disbursement/Obligation For General **Election Year** 2010

Office Sought

☐ House

☒ Senate

☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #7.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name

-or-

Last Name ISRAEL

First Name HANNA

Middle
Name

Prefix

Suffix

Mailing Address of Payee
148 N. CHESTER AVENUE

City PASADENA **State** California **Zip** 91106

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
110.00

Candidate ID

Name of Federal Candidate

Office Sought

☐ House

☒ Senate

☐ President

Check one

☒ Support ☐ Oppose

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 110.00

10030474653

Last Name BOXER **First Name** BARBARA
Middle Name **Prefix** **Suffix**

District
State California

Disbursement/Obligation For **Election Year**
 General 2010

Independent Expenditure #8.

Delete Record

Entity Type of Payee*
 Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name BEAL	First Name KELLSEY		
Middle Name LAUREN	Prefix	Suffix	

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *
 \$ 180.00

Mailing Address of Payee
 531 LAUSEN MALL

PO BOX 17186

City **State** **Zip**
 STANFORD California 94309

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
 CONSULTANT/CONTRACT SERVICES

Category / Type
 Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
 180.00

Candidate ID**Name of Federal Candidate**

Last Name BOXER **First Name** BARBARA
Middle Name **Prefix** **Suffix**

Disbursement/Obligation For **Election Year**
 General 2010

Office Sought

- ☐ House
☒ Senate
☐ President

Check one☒ Support ☐ Oppose

District
State California

Independent Expenditure #9.

Delete Record

Entity Type of Payee*
 Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name COKER	First Name LAURA		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *
 \$ 155.00

Mailing Address of Payee
 2307 I STREET, #6

City State Zip
SACRAMENTO California 95816

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
155.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA
Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

☐ House

☒ Senate

☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #10.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name
-or-
Last Name BRENDLEN First Name MIRANDA
Middle Name ANN Prefix Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 160.00

Mailing Address of Payee

1310 TURK STREET

APT 508

City State Zip
SAN FRANCISCO California 94115

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
160.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA
Middle Name Prefix Suffix

Office Sought

☐ House

☒ Senate

☐ President

Check one

☒ Support ☐ Oppose

District

State California

10030474655

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #11.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name	PETERSON	First Name	MIRANDA
Middle Name		Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 1,200.00

Mailing Address of Payee

2029 OLYMPIC BLVD., #101

City State Zip
SANTA MONICA California 90404

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

2,805.01

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA
Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

- ☐ House
☒ Senate
☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #12.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name	CHOU	First Name	MON-SHANE
Middle Name		Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 90.00

Mailing Address of Payee

37 WEST MAGNA VISTA AVE.

City State Zip
ARCADIA California 91007

10030474656

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

90.00

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #13.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization

Name

-or-

Last Name RUIZ

First Name MONICA

Middle

Name

Prefix

Suffix

Mailing Address of Payee

1036 W. 95TH STREET

APT. 4

City

LOS ANGELES

State

California

Zip

90044

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

282.50

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #14.

Delete Record

10030474657

Entity Type of Payee*

Individual (a person)

Name of Payee *

<i>Organization Name</i>		
-or-		
<i>Last Name</i> VIERA	<i>First Name</i> MONICA	
<i>Middle Name</i>	<i>Prefix</i>	<i>Suffix</i>

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 140.00

Mailing Address of Payee

1601 EARL WARREN DRIVE

L-105

City	State	Zip
LONG BEACH	California	90815

Payee Committee FEC ID**Purpose of Disbursement (Including title(s) of communication(s)) ***

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

140.00

Candidate ID**Name of Federal Candidate**

<i>Last Name</i> BOXER	<i>First Name</i> BARBARA
<i>Middle Name</i>	<i>Prefix</i> <i>Suffix</i>

Disbursement/Obligation For	Election Year
General	2010

Office Sought

- ☐ House
- ☒ Senate
- ☐ President

Check one☒ Support ☐ Oppose**District**

State California

Independent Expenditure #15.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

<i>Organization Name</i>		
-or-		
<i>Last Name</i> KHORSAND	<i>First Name</i> NEEKTA	
<i>Middle Name</i>	<i>Prefix</i>	<i>Suffix</i>

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 415.00

Mailing Address of Payee

15282 NANTES

City	State	Zip
IRVINE	California	92604

Payee Committee FEC ID**Purpose of Disbursement (Including title(s) of communication(s)) ***

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

523.14

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #16.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
Name

-or-

Last Name KHORSAND

First Name NEEKTA

Middle
Name

Prefix

Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 81.20

Mailing Address of Payee

15282 NANTES

City

IRVINE

State

California

Zip

92604

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

TRAVEL REIMBURSEMENT

Category / Type

Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought

604.34

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #17.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name	GODAY	First Name	SARAH
Middle Name		Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 629.00

Mailing Address of Payee
 10950 CHURCH STREET
 #1923

City **State** **Zip**
 RANCHO CUCAMON California 91730

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
 CONSULTANT/CONTRACT SERVICES

Category / Type
 Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
 1,286.32

Candidate ID**Name of Federal Candidate**

Last Name BOXER **First Name** BARBARA
Middle Name **Prefix** **Suffix**

Disbursement/Obligation For **Election Year**
 General 2010

Office Sought

- ☐ House
☒ Senate
☐ President

Check one

- ☒ Support ☐ Oppose

District**State** California**Independent Expenditure #18.**

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name	GODAY	First Name	SARAH
Middle Name		Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 512.87

Mailing Address of Payee
 10950 CHURCH STREET
 #1923

City **State** **Zip**
 RANCHO CUCAMON California 91730

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
 TRAVEL REIMBURSEMENT

Category / Type
 Travel Expenses - including travel reimbursement expenses

Office Sought

10030474660

Calendar Year-To-Date Per Election for Office Sought
1,799.19
Candidate ID

Name of Federal Candidate
Last Name BOXER First Name BARBARA
Middle Name Prefix Suffix
Disbursement/Obligation For Election Year
General 2010

☐ House
☒ Senate
☐ President
Check one
☒ Support ☐ Oppose
District
State California

Independent Expenditure #19.

Delete Record

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name MOORS	First Name SARAH	
Middle Name	Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *
\$ 32.73

Mailing Address of Payee
1016 NE 12TH AVENUE

City State Zip
GAINESVILLE Florida 32601

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
TRAVEL REIMBURSEMENT

Category / Type
Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought
32.73

Candidate ID

Name of Federal Candidate
Last Name BOXER First Name BARBARA
Middle Name Prefix Suffix
Disbursement/Obligation For Election Year
General 2010

Office Sought
☐ House
☒ Senate
☐ President
Check one
☒ Support ☐ Oppose
District
State California

Independent Expenditure #20.

Delete Record

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name		
-or-		

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

10030474661

Last Name PADILLA First Name SARAH
 Middle Name CONSTANTINE Prefix Suffix

\$ 115.00

Mailing Address of Payee
 2261 CHANTILLY TERRACE

City State Zip
 ORIEDO Florida 32765

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONSTRUCT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

115.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
 General 2010

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #21.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization
 Name

-or-

Last Name HANJANI First Name SOPHIA

Middle Name FATIMA Prefix Suffix

Mailing Address of Payee
 38640 GLENMOOR DRIVE

City State Zip
 FREMONT California 94536

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

110.00

Office Sought

☐ House☒ Senate☐ President

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 110.00

10030474662

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #22.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name	ROCCO	First Name	SUZANNE
Middle Name		Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 55.00

Mailing Address of Payee
526 W. MCELHANY

City	State	Zip
SANTA MARIA	California	93458

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

CONSULTANT/CONTRACT SERVICES

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

55.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

☐ House☒ Senate☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #23.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name	OCONNOR	First Name	TAYLOR
Middle Name	VICTORIA	Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 380.00

10030474663

Mailing Address of Payee
639 W. CANON PERDIDO

City SANTA BARBARA **State** California **Zip** 93101

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
380.00

Candidate ID

Name of Federal Candidate

Last Name BOXER **First Name** BARBARA
Middle Name **Prefix** **Suffix**

Disbursement/Obligation For **Election Year**
General 2010

Office Sought

☐ House
☒ Senate
☐ President

Check one

☒ Support ☐ Oppose

District

State California

Independent Expenditure #24.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name ACOSTA	First Name YESENIA	
Middle Name	Prefix	Suffix

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 210.00

Mailing Address of Payee
251 EAST AVENUE. P4

City PALMDALE **State** California **Zip** 93550

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
210.00

Candidate ID

Name of Federal Candidate

Office Sought

☐ House
☒ Senate
☐ President

Check one

☒ Support ☐ Oppose

10030474664

Last Name BOXER **First Name** BARBARA
Middle Name **Prefix** **Suffix**

District
State California

Disbursement/Obligation For **Election Year**
 General 2010

Independent Expenditure #25.

Delete Record

Entity Type of Payee*
 Individual (a person)

Name of Payee *

Organization
Name
 -or-
Last Name ACOSTA **First Name** YESENIA
Middle Name **Prefix** **Suffix**

Date of Independent Expenditure*

10/22/2010 (mm/dd/yyyy)

Amount *

\$ 18.60

Mailing Address of Payee
 251 EAST AVE. P4

City **State** **Zip**
 PALMDALE California 93550

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
 OFFICE SUPPLIES, EXPENSE REIMBURSEMENT

Category / Type
 Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
 228.60

Candidate ID

Office Sought

- ☐ House
☒ Senate
☐ President

Check one

☒ Support ☐ Oppose

Name of Federal Candidate

Last Name BOXER **First Name** BARBARA
Middle Name **Prefix** **Suffix**

District
State California

Disbursement/Obligation For **Election Year**
 General 2010

TOTAL Independent Expenditures
 (last page carry total to Line 7)

\$ 7157.86

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM*

DATE *

Last Name CUTRI **First Name** DIANE
Middle Name ELIZABETH **Prefix** **Suffix**

10/25/2010 (mm/dd/yyyy)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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FEC Form 5 (Rev. 09/2005)

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463

Toll Free 800-424-9530, Local 202-694-1100

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10030474666

Federal Election Commission
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EV *10/26/10*
PREPARER DATE PREPARED